TRANSLATING MEDICAL NECESSITY CRITERIA (MNC) FOR ABA PROVIDERS WORKING WITH HEALTH PLANS

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LEARNING OBJECTIVES

1. To define medical necessity from the legal, health plan and clinician perspective.
2. To discuss components of treatment planning that play a critical role in the documentation of medical necessity.
3. To provide an overview of considerations related to treatment dosage recommendations.
MEDICAL NECESSITY
CURRENT PERSPECTIVES IN COVERAGE OF AUTISM TREATMENT

PATIENT

CLINICIAN

BEST PRACTICE STANDARDS

HEALTH PLAN

LEGAL
ROLE OF THE HEALTH PLAN

To develop Criteria and Coverage Policies for Medical Necessity

Considerations to these policies include an intensive review of available documentation pertaining to the following indicators:

- Disease burden
- Public or provider interest
- Controversy
- Variation in care
- Cost
- Quality
- Effectiveness of research
- Potential impact to entire population
WHAT IT MEANS MEDICAL NECESSITY?

For the purpose of evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms.

In accordance with the accepted standards of practice.

Clinically Appropriate.

Not primarily for the convenience or fiscal benefit of the patient, health care provider, or other clinicians or health care providers.

Efficient and cost effective.
THE TRIPLE AIM OF HEALTH CARE

• Improving the patient experience of care (including quality and satisfaction)
• Improving the health of populations
• Reducing the per capita cost of health care

(Institute for Healthcare Improvement, 2018)
EFFICIENT AND COST EFFECTIVE

Is the care coordinated across all treating providers?

Can it be sustained if applied across entire population within the network?

Is there evidence to support continuation of care?

Is investment in treatment today critical to long term health care cost reduction?
PROHIBITION OF FUNDER MONETARY BENEFIT

• Group Health Plans
  – Mental Health Parity Act
    • Federal Law the restricts plans from denying or limiting mental health services that are less favorable than allowable surgical and medical benefits.
      – This includes imposing annual or lifetime benefits that are less favorable than that of which is offered by the allowable medical and surgical benefits.

(Department of Health and Human Services, 2013)

• Public Health Plans
  – Early Periodic Screening Diagnostic and Treatment (EPSDT)
    • Requires Public Health (i.e. Medicaid) plans to cover comprehensive preventative care and ongoing treatment to children “at-risk” of developmental delay or chronic illness.

(Department of Health and Human Services, 2014)
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<th>Type</th>
<th>Frequency</th>
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<td>Considered effective for the patient's illness, injury, or disease</td>
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Standards of Care

Applied Behavior Analysis Treatment of Autism Spectrum Disorder:
Practice Guidelines for Healthcare Funders and Managers

SECOND EDITION

(BACB, 2014)
TREATMENT PLANNING CONSIDERATIONS
“FOR THE PURPOSE OF EVALUATING, DIAGNOSING, OR TREATING AN ILLNESS, INJURY, DISEASE, OR ITS SYMPTOMS”
DEVELOPMENT OF PLANS THAT SUPPORT DIAGNOSTIC FINDINGS
ASSESSMENT

- Records Review
- Summary of diagnostic evaluation
- Use of standardized assessment for pre-treatment baseline
- Identification of co-morbid medical risks and documentation of their role in treatment
INTERVENTION PLAN

Treatment Planning

• Coordination of Care – Is there a documented Plan?
• Outcomes that clearly identify remediation of DSM V ASD Criteria
WHAT IS ‘COORDINATION OF CARE’?

- Family Centered Approach
- Two Way conversations with other treating Providers
- Consultation with Specialist and Subject Matter Experts
- Inclusion of stakeholders in specific planning considerations (health, safety, speech)
- Justifying medical necessity with funding sources
SOME CONSIDERATIONS IN FORMATTING TREATMENT PLANS

Use domains that align with the DSM 5 Diagnostic Categories

- Social Communication
- Social Interaction
- Restricted Repetitive Patterns of Behavior, Interest or Activities

Develop outcomes that link directly back to the DSM 5 criteria (and specifically the diagnostic impression of the individual client)

- For Example: To remediate deficits in social-emotional reciprocity
- If using VPMAPP, ABLLS-R, etc. you can then identify goals under each outcome
CONSIDERATIONS FOR DOSAGE RECOMMENDATIONS

Types of Applied Behavior Analysis

- Comprehensive ABA
  - Early Intensive Behavior Intervention
    - Targets gains in developmental trajectory
  - Multi-Assessment/ Multi-Domain Treatment Approach
  - Consultation & Training
  - Precise Assessment /Limited Domain Treatment Approach

- Focused ABA
  - Precise Assessment /Limited Domain Treatment Approach
  - Behavior Reduction
  - Examples of Limited Domains
  - Transition Planning
  - Behavior Reduction
## Considerations to Dosage Recommendations

### Responsivity to Treatment
- Learning Barriers & Considerations
- Environmental Barriers & Considerations

### Other
- Number of Goals Identified
- Age at Onset
- Length of treatment
- Client Availability
- Social Determinants of Health
MONITORING OF TREATMENT

Measurement of Effectiveness

- Visual Representation of treatment effectiveness
- Standardized Assessment
- Social Validity
- Learn-Gain Score
- IQ Testing*

Length of Stay and Transition Planning

Utilization Review
IN SUMMARY - THERE IS STILL WORK TO BE DONE!

Research Limitations
- Dosage Specifications
- Population Sizes

Difference in priorities (and how this translates)

Value Based Purchasing
- Large scale outcome monitoring.

Perhaps, the challenge in utilization review may simply be complex language barrier between the treatment providers and managed care organizations.